

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

091701900

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		DEP.			IND.		DEP.			IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.		
1							51														
2							52														
3							53														
4							54														
5							55														
6							56														
7							57														
8							58														
9							59														
10							60														
11							61														
12							62														
13							63														
14							64														
15							65														
16							66														
17							67														
18							68														
19							69														
20							70														
21							71														
22							72														
23							73														
24							74														
25							75														
26							76														
27							77														
28							78														
29							79														
30							80														
31							81														
32							82														
33							83														
34							84														
35							85														
36							86														
37							87														
38							88														
39							89														
40							90														
41							91														
42							92														
43							93														
44							94														
45							95														
46							96														
47							97														
48							98														
49							99														
50							100														
TOTAL							TOTAL														
TOTAL							IND.														
TOTAL							DEP.														
TOTAL							CLAIMS														

BEST AVAILABLE COPY